



FORESTRY THINNING PROJECTS APPLICATION FORM



Customer Information:

Project Location:

Name _____

County _____

Mailing Address _____

QTR1: _____ QTR2: _____

City _____ State _____ Zip Code _____

SEC: _____ TNSP: _____ RNG: _____

Phone(s) _____

Email Address _____

Applicant's Request:

Number of Acres to be Thinned _____

Total Funds Requested (not to exceed 50% of total cost) \$ _____

The undersigned owner of non-industrial private forestlands hereby requests cost share assistance from the Lawrence Conservation District (District) to complete the practice described above, and acknowledges that completing this application will not obligate the District to provide assistance. Owner promises to provide proof of ownership (i.e., current real estate tax notice) and a completed IRS Form W-9 to the District with this application. Owner promises to complete the practice according to the specifications in the practice plan for the practice area as approved by the State Forester. Owner promises to pay at least 50% of the cost of completing the practice. Upon completion of this practice owner agrees to provide the District proof of expenses by submitting a copy of a receipt, invoice, or other written document itemizing costs incurred. Owner agrees there will be no payment to the owner until such proof, along with a signed "Certification of Practice Completion" form has been received by the District, and the practice has been certified complete by the State Forester. Owner hereby authorizes representatives of the State to enter, after reasonable notice, at reasonable times, and in a reasonable manner, the practice area throughout the lifespan of the practice. Owner certifies that no work has started on the practice and will not begin before receiving written approval from the District. Owner understands any cost share reimbursement depends upon the continued availability of grant funds awarded to the District for this project. This agreement will be terminated by the District if grant funds are not available. Termination for this reason is not a default by the District nor does it give rise to a claim against the District.

Signature of Applicant: _____ Date: _____

Office Use Only:

Approved C/S Value: \$ _____ # of Acres Approved: _____ Practice Expiration Date: _____

Approved By: _____ Date: _____

The Lawrence Conservation District is an equal opportunity service provider. Services are provided to all persons without regard to race, color, religion, gender, age, disability, national origin, or political beliefs.

Return form to: Lawrence Conservation District
1230 North Ave., Ste. 8
Spearfish SD 57783
605-642-3590